PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/507,931			ing Date 28/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🕅			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	- CK	RATE (\$)	FEE (\$)	
	BASIC FEE	_	N/A	LED INO	N/A		N/A	122(0)	١	N/A	1 LL (0)	
$\overline{}$	(37 CFR 1.16(a), (b), SEARCH FEF	or (c))	N/A		N//A							
H	(37 CFR 1.16(k), (i), EXAMINATION FE				N/A		N/A		ı	N/A		
TO	(37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
(37	CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			•	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL		
APPLICATION AS AMENDED – PART II OTHER TI (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL										ER THAN ALL ENTITY		
AMENDMENT	02/26/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 16(1))	• 31	Minus	·· 31	= 0	1	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 7	Minus	•••7	= 0	1	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus			1	x \$ =		OR	x s =		
M	Independent (37 CFR 1,16(h))		Minus	***			x \$ =		OR	x s =		
I I	Application Size Fee (37 CFR 1.16(s))								1			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "MARQUITA D. JONES/  "If the "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

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